

ADMINISTRATIVE --

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ROUTING AND RECORD SHEET

SUBJECT: (Optional) Employee Suggestion: A Program for Catastrophe
Response to Terrorist Attack Incidents

FROM:

ACS/ORD

EXTENSION

NO.

ORD-1224-85

DATE

10 December 1985

TO: (Officer designation, room number, and
building)

DATE

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B-105A

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3. Discussion:

A program for catastrophe response should include at least the following:

- o Personnel training;
- o Periodic exercises;
- o Coordination with local rescue services; and
- o Stockpiling of critical supplies.

The personnel training which would be needed should include at least the following:

- o Basic triage under severe access constraints;
- o Extrication methodologies emphasizing the maintenance of traction;
- o Basic treatment of hemorrhagic shock (bleeding);
- o Cardio-pulmonary resuscitation (Red Cross Race-for-Life level);
- o Recognition of the symptoms of major serious trauma conditions;
- o Principles for organizing volunteers at the catastrophe site; and
- o Peculiarities of assigned areas.

Periodic exercises would serve several purposes.
Catastrophe response teams should be formed in each building.

[redacted] teams would be trained and conduct exercises to respond to catastrophes in other buildings in their cluster. Exercises would provide the opportunity to practice specific roles (perimeter establishment and control; volunteer organization; search and rescue; classified materials collection and control, etc.). Exercises would also provide opportunities to reinforce skills which require frequent review (CPR for one). Finally, exercises would provide visible reassurance to those being protected, and the spirit of teamwork essential to the effectiveness of catastrophe response.

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Coordination with local rescue services would also serve several purposes. First it would make them aware of the peculiarities of building collapse and bomb catastrophes, for which almost no local services are at all prepared. Second, it would prepare cluster teams to work with specific rescue services, and let teams and services reach operating

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understandings in advance. Finally it would forewarn rescue services of the Agency's special needs to re-establish security after a catastrophe.

A few critical supplies should be maintained by each team. Things like hardhats, carrying straps, pressure bandages, florescent tape to rope off a perimeter, flashlights and a few other inexpensive items would result in lives saved.

What is important to understand is that none of the above exists. There is no catastrophe response training course, no teams or exercises, no focussed local rescue service capability, no supplies. However, all of these are extremely easy and inexpensive to develop - all that is necessary is a program to do it. It is recommended that the Office of Medical Services be provided with the small amount of incremental funding and staff needed, and given the authority to initiate a catastrophe response program in coordination with the Office of Security. It is further recommended that the Safe Haven Emergency Medical Care Program be revised to include areas of catastrophe response training not now incorporated, and that the catastrophe response program be offered as a packaged product to the Department of State and other vulnerable Government departments and agencies.

Correlary benefits of such a program would be a potentially heightened level of community support and involvement by Agency personnel. Training for personnel assigned to earthquake-prone areas (California and overseas) would cover natural as well as terrorist created catastrophes. Certain portions of the training such as CPR would provide more day-to-day coverage for medical emergencies. Finally, such a program would reassure Agency staff that action was being taken against what is otherwise an almost unsolvable problem.

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